

APR 08 2009

001

MDH/TMH:rmp 4239-67026-06 1129762.doc

E-294-2002/0-US-03

**KLARQUIST SPARKMAN, LLP**

16th Floor World Trade Center, 121 S.W. Salmon Street, Portland, Oregon 97204 U.S.A.

PHONE: 503-595-5300 FAX: 503-595-5301

**PLEASE DELIVER ATTN: Office of Petitions**

Fax No.: 571-273-8300

Total No. Pages: 1 including this cover sheet**Message:** Transmitted herewith for filing in the below-identified application is a request for a patent to state the name of the assignee. If you do not receive all pages or if you have problems receiving transmittal, please call Tanya M. Harding, Ph.D. at (503) 595-5300.**In re application of:** *Cuttitta et al.***Application No.** 10/529,116**Filed:** March 24, 2005**Confirmation No.** 6564**Issued as:** Patent No. 7,462,593 on December 9, 2008**For:** A NEW TARGET FOR ANGIOGENESIS AND  
ANTI-ANGIOGENESIS THERAPY**Examiner:** Christine J. Saoud**Art Unit:** 1647**Attorney Reference No.** 4239-67026-06**CERTIFICATE OF FACSIMILE**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being facsimile transmitted to fax number 571-273-8300 on the date shown below.

Attorney or Agent  
for Applicant(s)Date Transmitted April 8, 2009**REQUEST FOR A PATENT TO STATE THE NAME OF THE ASSIGNEE**  
**UNDER 37 CFR 3.81(b)**

Applicants hereby request under 37 CFR 3.81(b) that the above-referenced patent be corrected to state the name of the Assignee by way of the Request for Certificate of Correction that was submitted to the United States Patent and Trademark Office (PTO) on March 24, 2009. In accordance with 37 CFR 3.11, the assignment of ownership of the above-referenced patent to The Government of the United States as Represented by the Secretary of the Department of Health and Human Services was recorded at the PTO at Reel 017785, Frames 0125-0128 on March 24, 2005 (before the issue date of the patent).

The Director is hereby authorized to charge \$130 to pay the processing fee under 37 CFR 1.17(i), and any additional fees that may be required in connection with the filing of this statement or credit overpayment, to Deposit Account No. 02-4550. As the fee of \$100 for filing a Request for Certificate of Correction was paid on March 24, 2009, it is not included herewith. If any questions remain regarding this Request, please contact the undersigned at 503-595-5300.

  
\_\_\_\_\_  
Tanya M. Harding, Ph.D.  
Registration No. 42,630April 8, 2009  
Date

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT IDENTIFIED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR USE OF THIS COMMUNICATION IS UNLAWFUL. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (COLLECT), RETURN THE ORIGINAL MESSAGE TO US, AND RETAIN NO COPY.

04/09/2009 HHRRZ11 00000028 024550 7462593  
01 FC:1811 100.00 DA  
04/09/2009 HHRRZ11 00000028 024550 7462593  
02 FC:1464 130.00 DA